

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____

Case Name: Guardianship of _____

Case Number: _____
(if known)

PETITION FOR GUARDIAN OF INCAPACITATED PERSON

Your petitioner represents the following:

1. Petitioner name _____ Relationship to ward _____

Address _____ Telephone _____

2. Attorney for petitioner _____ Telephone _____

Mailing Address _____

3. Proposed ward name _____ Date of birth _____

Address _____ Telephone _____

4. Name of person or institution having care or custody of the proposed ward _____

Address _____ Telephone _____

5. The petitioner asks that guardianship be granted to:

Proposed guardian name _____ Date of birth _____

Relationship to proposed ward _____ Occupation _____

Address _____ Telephone _____

6. Has the proposed ward nominated a guardian in accordance with RSA 464-A:10, II?

☐ Yes ☐ No If yes, name of guardian nominated by proposed ward _____

Address _____ Telephone _____

7. Name of attorney for proposed ward _____

Address _____ Telephone _____

8. Name, address and relationship to the ward of the following: spouse, parents, adult children, and adult siblings of the proposed ward.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Does proposed ward have a durable power of attorney? ☐ Yes ☐ No
(If yes, a guardianship over the estate may not be necessary.)

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10. Does proposed ward have a durable power of attorney for health care? ☐ Yes ☐ No
(If yes, a guardianship over the person may not be necessary)
11. Does proposed ward have a living will? ☐ Yes ☐ No
12. Petition is made for guardianship over the ward's: ☐ person ☐ estate ☐ person & estate
13. Guardianship sought will be: ☐ temporary ☐ not temporary/enduring
If temporary guardianship is sought, state the reasons why the regular procedure would not be appropriate.

14. Length of time for which appointment of guardian is requested:
☐ indefinite time ☐ _____ days ☐ _____ months ☐ _____ years
15. Briefly describe real estate owned by the proposed ward.

Approximate value of real estate \$ _____
16. Briefly describe personal property owned by the proposed ward.

Approximate value of personal property \$ _____
17. Briefly describe sources and amount of income of the proposed ward.

18. The petitioner requests that the court find the ward incapable of exercising the following rights, namely the right to: (check all appropriate boxes)
- ☐ Travel or decide where to live
 - ☐ Refuse or consent to medical or other professional care, counseling, treatment or service, including the right to admit or discharge the ward from any hospital or other medical institution providing such at the lawful direction of the guardian of the person
 - ☐ Marry or Divorce
 - ☐ Make a will or waive the provisions of a will
 - ☐ Hold or obtain a motor vehicle operator's license
 - ☐ Testify in any judicial or administrative proceedings
 - ☐ Vote
 - ☐ Have access to, grant release of, withhold, deny, or refuse authorization for the guardian of the person to obtain access to and release the ward's confidential records and papers insofar as the same may be reasonably needed by the guardian of the person to ensure that the ward's mental, emotional and physical health concerns are properly addressed and treated

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- ☐ Possess or manage real or personal property or income from any source
- ☐ Make gifts
- ☐ Lend or borrow money
- ☐ Pay or collect debts
- ☐ Manage or run a business
- ☐ Convey or hold property
- ☐ Cancel, reject or oppose any authority or power granted to the guardian of the estate and/or person
- ☐ Continue to act as a member of a partnership
- ☐ Initiate, defend or settle lawsuits
- ☐ Make contracts or grant power of attorney or other authorizations
- ☐ Make decisions concerning educational matters and training
- ☐ Other (please specify) _____

NOTE: THE COURT MAY IMPOSE ADDITIONAL ORDERS AS A RESULT OF THE HEARING.

19. As required by RSA 464-A:4, III, a statement must be provided below containing facts showing the necessity for the appointment of the guardian of the person and estate, or the person, or the estate of the proposed ward, including specific factual allegations as to the proposed ward's financial transactions, personal actions or actual occurrences which are claimed to demonstrate his/her inability to manage an estate, or to provide for personal needs for health care, food, clothing, shelter or safety. All evidence of inability must be within 6 months and one incident must have occurred within 20 days of the filing of this petition. (Please use additional sheets, if necessary.)

20. _____ of _____
should be appointed to complete the inventory and appraise the estate of the proposed ward.
(Complete only if guardianship over the estate is requested.)

Date

Petitioner's Signature

State of _____, County of _____

This instrument was acknowledged before me on _____ by _____

My Commission Expires _____

Affix Seal, if any

Signature of Notarial Officer / Title